

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/					51		
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48						98		
49						99		
50						100		
Total Indep						Total Indep		
Total Depend						Total Depend		
Total Claims						Total Claims		